

Uniform Business Office Newsletter

Helping frontline users perform their day-to-day jobs

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IMPORTANT NOTICE: Due to Privacy concerns, all personal identifiers, such as names and personal e-mail addresses, have been removed from this newsletter. We apologize for this inconvenience. If you have questions about an article, please do not hesitate to contact the UBO Help Desk (UBO.helpdesk@altarum.org/703-575-5385)

1. UBO/UBU Conference

Save **13-17 March 2006** for the annual conference. It will be held at the National Conference Center in Lansdowne, VA. The focus for this year's conference will be to provide tips, tools, and templates for frontline users so they can perform their daily tasks more efficiently. The annual conference is a great opportunity to gain knowledge, develop skill sets, and network with other coders and business office staff from MTFs around the world.

The conference schedule offers seven tracks:

- **Track 1** will focus on the coding basics of the American Academy of Professional Coders (AAPC) curriculum.
- **Track 2** will focus on more advanced coding sessions, such as the new UBU Coding Guidance, Documentation, Relative Value Units (RVUs), Coding Audits, and Prospective Payment System (PPS).
- **Track 3** will focus on reimbursement, denials, billing forms, Medical Affirmative Claims (MAC), Standard Insurance Table (SIT), and Other Health Insurance (OHI).
- **Track 4** will focus on legislative updates, the new UBO User's Guide, PATCAT identification, Standard Inpatient Data Record/Standard Ambulatory Data Record (SIDR/SADR) data flow, and compliance.
- **Tracks 5 and 6** will offer hands-on sessions for the Coding Compliance Editor (CCE) and TPOCS.
- **Track 7** will be dedicated to Medical Services Accounts (MSA) again this year.

Watch the UBO Web site for the brochure, conference schedule, and registration information.

2. Standard Insurance Table/Other Health Insurance (SIT/OHI) Conversion Begins Next Phase

At press time, medical facilities at Madigan, Bremerton, McChord, and Oak Harbor began the next phase of testing the TRICARE Next Generation SIT/OHI software: the change package system acceptance test (CP SAT). Initial testing at Tripler Army Medical Center identified several issues, fixes of which are in this test release. However, testing at Madigan found a new problem: the SIT file was not loading correctly. The entire state name was loading instead of the two-letter abbreviation. While fixing this should take very little time, the requisite coordination will take about one week.

Assuming all testing continues to go well, the conversion roll out in groups of 10 to 15 sites with all sites completely functional by May 2006.

According to Yvette Guerrero from Naval Hospital Bremerton, the key to their success was the pre-conversion clean up. At this time, only 18 sites have started the clean up. We encourage you to **begin pre-conversion activities now**.

The Pre-Conversion Guide and other instructional documents are on the UBO Web site:

<http://tricare.osd.mil/rm/index.cfm?pagelid=10>

Educational teleconferences on pre-conversion activities were held **December 5 and 9**. Additional teleconferences are scheduled monthly thereafter. Check the UBO Web site home page regularly for more details and schedules.

3. Pharmacy Rate Table Update

The UBO Program Office recently submitted an update for the Pharmacy Rate Table. The updated table uses pricing provided by the 1 November 2005 Managed Care Pricing File from the Defense Logistics Agency (DLA). CITPO (CHCS) and RITPO (TPOCS) are testing the table. The files should be available for loading in your facility by 25 January 2006. The anticipated effective date for the new rates is 6 February 2006.

Many pharmacy prices continue to be significantly lower than the actual price paid by the MTF. This is because the current pharmacy module in CHCS uses a National Drug Code (NDC) naming convention, which is based on the essential drug characteristics (active ingredient, dosage form, and strength), not the true NDC, which reflects the manufacturer and active ingredient. Pricing continues to be the "lowest generic cost" at which the DSCP can purchase drugs with the same essential characteristics, regardless of brand name or generic distinction.

A new pharmacy package was purchased for integration with CHCS. The new pharmacy module will provide the NDC for the specific product dispensed.

4. Institutional Billing for APVs (CPT Code 99199): A Reminder

CPT code 99199 was not included in the Calendar Year (CY) 2005 Rate Package for Ambulatory Patient Visits (APVs). The rate for this code was inserted into TPOCS effective 1 October 2005, but not in CHCS. This error will be fixed with the next update, scheduled for the spring of 2006. In the interim, for services provided to civilian emergencies (e.g., Medical Services Account [MSA] bills) using either an Invoice & Receipt (I&R) or the DD7A, billers should enter in a **one-time charge** for every bill with a 99199 to bill for the APV facility fee:

- Full Reimbursement Rate (FRR): \$819.18
- Inter Agency Rate (IAR): \$778.22

- Int'l Medical, Education & Training (IMET): \$442.36

Note: The APV rate is a flat rate that does not vary by locality.

5. TPOCS Mapping Table Update for Rates

To resolve issues relating to producing a billable claim through TPOCS, the UBO created a revised TPOCS Mapping Table to address the following:

- Valid CPT codes that do not have a rate
- Valid CPT codes that do not have a revenue center assigned
- Valid modifiers that were not in the table, and valid modifiers that were not assigned to the correct CPT codes
- Valid CPT codes that were not mapping to the correct rate table
- Valid CPT codes that were not mapping to the correct bill form

NOTE: Modifier 27 should not be used at the present time in the MHS. Contact the UBO Program Manager (703-681-3492, ext. 4068) for questions about this issue.

The anticipated effective date for the revised TPOCS Mapping Table is January 2006. These changes will not be available in MSA until June 2006 at the earliest.

The UBO & RITPO Offices are committed to correcting as many billing problems as possible in the most efficient manner available. Please continue to report billing/rate issues through the appropriate channels, and we will continue to research and revise them as needed.

6. UBO Learning Center—What's New

The UBO Program Office is dedicated to providing quality training to help frontline users perform their day-to-day activities. In 2005, we provided training on the following topics:

- September FY05 Rates Update *(Teleconference)*
- September Cosmetic Surgery Estimator Tool *(Teleconference)*
- October Medical Affirmative Claims (MAC) Enhancement *(Teleconference)*
- October Adjusted Standardized Amount (ASA) Rates *(Teleconference)*
- November Billing for the Ambulatory Procedure Visit (APV) Institutional Fee for MSA *(Teleconference)*
- November MAC Enhancement *(Teleconference)*
- December SIT/OHI Pre-Conversion *(Teleconference)*

Training scheduled in 2006 will include:

- February Pharmacy Rates *(Teleconference)*
- February Web-based PATCAT training *(Internet-based)*
- March Annual UBU/UBO educational conference *(National Conference Center)*
- April Web-based Injury Coding/Billing training *(Internet-based)*
- May Updates to Cosmetic Surgery Estimator Tool *(Teleconference)*
- June FY06 Rates Update *(Teleconference)*

Check the UBO web site (use link below) for exact dates all training opportunities. Your Service UBO Managers will provide handouts. Presentations from past sessions can be downloaded from the UBO Web site: <http://tricare.osd.mil/rm/index.cfm?pagelid=10>

7. New MHS Policy for Cosmetic Surgery Procedures

TMA updated its policy for Cosmetic Surgery Procedures. *HA Policy: 05-020* was signed on 25 October 2005. The Services have 90 days from this date to provide the Health Affairs office with implementing guidance.

The Cosmetic Surgery Procedures policy was first put into effect in the Military Health System in 1992. The new 2005 policy supersedes the 1992 memorandum and provides updated guidance for providing cosmetic surgery procedures.

The most significant difference between the 1992 and 2005 policies is that active duty personnel will be required to pay for cosmetic procedures. This will affect cosmetic surgery billing.

Other important issues addressed by the policy are:

- Active duty personnel undergoing cosmetic surgery procedures must have written permission from their unit commander.
- All cosmetic surgery patients must be informed that complications of cosmetic surgery procedures are excluded from coverage under TRICARE in accordance with the TRICARE Policy Manual (August 2002 edition, Chapter 4, Section 1.1). The patient must acknowledge this disclosure and a copy of the signed acknowledgement must be filed in the patient's medical record.
- Only privileged staff and residents in the specialties of plastic surgery, otorhinolaryngology, ophthalmology, dermatology, and oral-maxillofacial surgery may perform cosmetic surgery procedures. This restriction excludes excision or destruction of benign lesions.
- The Services have primary responsibility for accountability audits of MTFs within their Service for adherence to the 2005 Policy, including audits of collection for cosmetic surgery procedure fees.
- TMA will conduct periodic, DoD-wide accountability audits of MTFs performing cosmetic surgery procedures for adherence to the 2005 Policy, including audits of collection for cosmetic surgery fees. The first TMA audit will be conducted 12 months after the 2005 Policy implementation.

8. UBO Performance Goals Set

UBO performance goals for FY 04 have been set:

- **Inpatient Services – For claims generation per non-active duty disposition, the goal is to be at least 3.25 percent.** If an MTF is at or above this threshold, its goal will remain at its current rate. Any MTF with claims generation below the 3.25 percent threshold increases by one percent with a concurrent increase in collections.
- **Outpatient Services – The goal for DD Form 2569 collection is 75 percent.** If an MTF is at or above this threshold, its collection goal will remain at the current percentage. The collection goal for all other MTFs is increased to meet a goal of 75 percent of patients having current, completed DD Form 2569s.

- Example – MTF 1: DD Form 2569 availability is at 80 percent and collected \$80,000. The goal will remain at collecting \$80,000.
- Example – MTF 2: DD Form 2569 availability is at 10 percent and collected \$10,000. The goal is to increase to 75 percent and to collect \$75,000.

TMA sets these goals. Each Service is responsible for setting the goal at each MTF based on TMA's overall goals.

9. Electronic DD Form 2569

MTF UBO Managers should notify their UBO Service Managers if they store their DD Form 2569s electronically. The Service Managers can then include these forms when they calculate the percentages for the UBO Performance Goals and for the Key Performance Indicators that are part of the UBO Recognition Program. An electronically stored DD 2569 must be signed. MTFs must be able to recreate the form upon demand. The need to have and report paper copies in the DQMC Commander's Statement remains. It may change in 2007 to paper or electronic.

10. PATCAT Code Update: New Codes and New Issues

The CHCS Patient Category (PATCAT) Table was updated in August 2005 for the first time in two years. There were many changes, including introduction of new codes, inactivation of some codes, and changes in the Pay Mode data for many codes. These are summarized in the following table.

New PATCAT Code	Function
A36, C36, F36, M36, and N36	Identify the former active duty personnel participating in the TRICARE Reserve Select (TRS) program
A37, C37, F37, M37, and N37	Identify family members participating in TRS
A44, B44, C44, F44, M44, N44, and P44	Identify patients participating in the Transitional Compensation program
K53Z	Identifies Non-appropriated Fund (NAF) employees in the continental United States (CONUS).
K80 (Coalition Forces CONUS) and K81 (Coalition Forces outside the continental U.S., or OCONUS)	Identify members of Coalition Forces who receive health services from military treatment facilities
K93 (Medicare Emergency Care), K94 (Medicaid Emergency Care), and K95 (Children's Health Insurance Program Emergency Care)	Allow separate identification of patients who were previously lumped together under PATCAT Code K92C
K92C	Inactivated

Implementation of the PATCAT Table update was accomplished ahead of changes in several CHCS edits that check PATCAT Codes during Patient Registration. Since the edits do not yet recognize the new PATCAT Codes, some of the new Patient Categories cannot be assigned in the Registration module of CHCS. This problem was identified quickly, and a CHCS System Change Request (SCR) was created to resolve the problem. The SCR is number 34130. As of 25 November 2005, SCR 34130 passed the initial levels of CHCS testing. It is scheduled for testing at a live CHCS site in the near future and will be deployed as part of an upcoming CHCS package. The UBO will advise the Service UBO Managers when this change package is distributed.

Implementation of changes in Pay Mode for the K61 PATCAT Codes caused some unintended problems for sites that used the CHCS Pay Mode report to identify Department of Veterans Affairs (DVA) patients. The UBO Support Team is working with the Service UBO Managers to identify potential CHCS ad hoc reports, or other methods of resolving the problems.

11. Alert from the Billing Front Lines: Potential Duplicate Health Insurance Carriers (HICs)

Approximately 1,000 potentially duplicate HIC records were spotted in the Standard Insurance Table (SIT). Theresa Boyd, the UBO's Verification Point of Contact, is reviewing these entries, and will provide updates and changes as needed. Thanks to Betty Gosewehr, Bayne-Jones Army Community Hospital at Fort Polk, for bringing this to the UBO's attention. Alerts from the billing front line help us help you!

12. MAC Enhancement Now Available

The Medical Affirmative Claims (MAC) Enhancement for the Composite Health Care System (CHCS) became available for installation in early November 2005. Activation was scheduled for late December. Clinics using the provider graphical user interface (PGUI) application should experience no interruption in encounter response ("write-back").

The purpose of the enhancement is to identify more third-party liability claims. It will also help to identify trends that could prevent injuries and accidents that affect military readiness and that contribute to absenteeism in the workplace. To that end, appointment clerks should receive **training** to understand the importance of capturing the correct information related to accidents and injuries. This includes asking patients such questions as:

- When did the injury/accident take place (date)?
- How/where did this injury/accident take place?
- Was another entity/individual responsible for this injury/accident?
- If the patient is not an Active Duty member, is he or she a contractor or civilian employee?
- Was any medical care provided at another MTF?
- Was the injury the result of a car accident?
 - If so, was the patient the driver or a passenger?

The appointment clerk should also understand that the computer system will look back six months when a new appointment or follow-up care is scheduled. The appointment clerk can then confirm whether this new appointment is related to original injury/accident.

The UBO held a teleconference detailing the MAC Enhancement Module in October. The slides from that teleconference are available on the UBO Web site (see link below).

13. The Future of Billing

Charge Master Based Billing (CMBB) is coming – but not any time soon! The UBO Advisory Working Group has been directly involved in setting the functional requirements of the system. Meeting these requirements will be paramount when selecting a CMBB vendor. Anticipated timeline for CMBB is:

- FY06 – Select vendor
- FY07 – Testing (with modifications as needed)

- FY08 – Beta testing (this is when MTFs can anticipate receiving CMBB)
- FY10 – Full implementation

While the prospect of CMBB is exciting, it is important to realize that the CMBB will not solve all of our billing problems. In fact, it may create other problems. Nevertheless, we are working to ensure that a CMBB meets the needs of the business offices to the fullest extent possible.

Thanks to all the members of the Advisory Working Group for their contributions to this process.

14. Enterprise Wide Scheduling and Registration (EWS-R) Update (Information)

Enterprise Wide Scheduling and Registration (EWS-R) will be the next change package installed in CHCS after the TRICARE Next Generation SIT/OHI conversion. While MTFs cannot prepare for EWS-R, per se, it is important to know the steps being taken “behind the scenes.” In particular, during the first phase, all functionality of CHCS I and II will remain in effect while the computer language is being re-written. This phase is scheduled to end in February 2006.

Once EWS-R is fully operational, local users will be able to transmit OHI-related additions or updates to DEERS. However, these changes will not be realized for quite a while.

15. Medicare Part D Now Available

Medicare announced its new Pharmacy Benefit, Medicare Part D, which begins on 1 January 2006. The enrollment period for Medicare Part D began on 15 November 2005, and ends 15 May 2006. This extended enrollment period was established to provide Medicare beneficiaries sufficient time to review their current pharmacy benefits and their individual needs before choosing an appropriate plan.

The TRICARE Pharmacy benefit generally pays as much or more than a standard Medicare plan. However, eligible TRICARE beneficiaries who have limited income and assets may benefit from Medicare Part D.

As with most pharmacy plans, each plan offered under Medicare Part D will have an individual formulary of drugs and costs. The real key for Medicare beneficiaries is to consider a plan's formulary. If the drugs needed by the patient are on the plan's formulary, the plan may be appropriate for that patient.

To narrow the options, beneficiaries need to review each plan and figure out which one will cover most of their drugs and allow them to use a pharmacy or mail order service that is convenient.

To help TRICARE beneficiaries decide, Medicare and TRICARE have teamed up to provide educational and enrollment information. This material may be found on the TRICARE (www.tricare.osd.mil) and Medicare (www.medicare.gov) Web sites, by calling 1-800-MEDICARE (1-800-633-4227), or by visiting any TRICARE Service Center.

This information will also be helpful for those who have parents eligible for the Medicare Part D benefit and are seeking assistance.

 Print, clip, and save

UBO Reference Portals

Uniform Business Office (UBO)

<http://tricare.osd.mil/rm/index.cfm?pageld=10>

Uniform Biostatistical Utility (UBU)

<http://www.tricare.osd.mil/org/pae/ubu/default.htm>

MHS Helpdesk

<http://www.MHS-helpdesk.com>

Third Party Outpatient Collection System (TPOCS)

<http://www.tpocshelpdesk.com>

CHCS Implementation Alerts and OIB

<https://fieldservices.saic.com>

UBO Questions

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